

Development statistics paint a picture of slow progress. A 2003 UN report said Cambodia is still ranked 130 of 173 countries on the Human Development Index. Other than Laos, Cambodia has the lowest life expectancy and literacy rates in the region, and the highest mortality rates for mothers and young children.

"With the economy now, state assets are war spoils, and what we call 'corruption' . . . is simply [the government] running the country like a family business," said Sam Rainsy, the main opposition party leader. "If we continue like that, we will go down the drain."

Asked about the pace of Cambodia's development and human rights record under the current government, the government spokesman said more time and money were needed. (Cambodia receives about \$500 million annually from foreign donors.) He also said Cambodia was being held to a higher standard of democracy than its neighbors.

"We don't have enough human resources," Khieu Kanharith said. "We've had a lot of assistance from donor countries. If you want to blame someone, blame them."

Many are now looking for the international community to increase the pressure on the government. Although some U.S. senators have criticized the government, reaction from most foreign governments and development institutions, many of whom provide the funding for Cambodia to function, has been muted.

"Where is the outrage?" asked Cox, from the International Republican Institute.

Meanwhile, the political stalemate had delayed the convening of the long-awaited Khmer Rouge war-crimes tribunal. Government and opposition politicians say the tribunal would go forward once a government was formed.

Mr. FRIST. Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

WOMEN AND HEART DISEASE

Mr. FRIST. Mr. President, I rise to talk about an issue that is very close to my heart, having spent most of my professional career fighting heart disease. I will start with a couple of facts people may or may not know, and then make several points in terms of the importance of prevention.

Fact No. 1, as I travel around the country and talk, whether it is in the field of medicine or as a policymaker, is that more women will die of heart disease this year than men. I say that and it is surprising to many people because historically people thought because of the difference in gender and hormonal conditions women would be protected from heart disease. But, again, more women will die of heart disease than men. Indeed, each year 500,000 women—half a million people—die of heart disease in this country.

Heart disease is a big spectrum, and heart attack is about one-half of those

deaths, a heart attack where there is blockage of blood flow to a part of a heart. That means more than one-quarter of a million women in the United States each year are struck down by this one disease. In fact, heart disease is the No. 1 killer of women in this country.

Heart disease is at the top of the list—it is No. 1—and kills more women than the next seven causes of death combined. So we have the top eight causes of death, with heart disease as the No. 1 diagnosis, and if we add up all the other seven, we still do not have as many as those who die of heart disease.

As I speak right now, about 8 million women are living with some element of heart disease, a potentially fatal condition. In my home State of Tennessee, nearly 200,000 women suffer with heart disease which has proved that heart disease affects all age groups. Mr. President, 73,000 women in Tennessee are living with heart disease under the age of 64. So it is not just our elderly with heart disease.

This is an area in medicine that can respond to education, to public information, but there are few people today who are aware of how widespread and how devastating heart disease is among women. We know it is among men, and we have seen the old images and the warning signs of a clenched fist, centralized pain as if an elephant is stepping on your chest, and if we look at the old pictures used in public education, health education, programs and posters, almost always it is a man with a clenched fist or grabbing both fists.

That imagery is played over to the point that most people do not realize how serious this disease is in women. It is imperative that we get the word out, and I want to use this pulpit over the next 2 or 3 minutes to do just that.

I encourage people to learn what the causes of heart disease are, what the consequences of heart disease are, and what steps can be taken in order to lower the risk in terms of prevention because we know what the risk factors are. We know there are certain things that can be done, and if they are done, it minimizes the risk either of being debilitated by heart disease or dying of heart disease.

The obvious things—again they need to be stressed because they are simple to do, but you have to do them—are improving one's diet, taking regular, consistent, and moderate exercise. One does not have to overdo it, but it is regular, consistent, moderate exercise.

The addiction of smoking has so many people locked in its grasp. Some of our young people do start smoking, and then if they do start smoking they have to work very hard to break that addiction. I say that again as a heart surgeon.

So many people I operate on—there are hundreds and hundreds of people I speak to and educate who are not in the Senate, but being in the operating room, opening up people's chests, taking veins out of the leg or from under-

neath the breast bone and hooking them on to the heart because of heart disease, that is strongly related to smoking. So if one stops smoking, it is less likely they will have that heart disease, and less likely that they will have the heart surgery.

Preventive screening: There are preventive screening tests, things such as putting a blood pressure cup on the arm. In our recent Medicare bill that we passed 2 months ago, for the first time in Medicare we have a routine physical exam so things such as hypertension can be detected.

It is amazing in Medicare, the great program that we have today—but one that needs to continue to be improved—that we did not have that basic entry level physical exam, where heart disease can be detected, until under President Bush's leadership we passed this recent Medicare bill.

Sometimes heart disease strikes seemingly healthy women who may not have ever had symptoms, who have no history of either being sick or in poor health in some way, who have those risk factors. It attacks people who have not smoked as well.

That is what happened to a Memphis mother of three, Kathy Kastan, who at the age of 42 suffered a heart attack. She tells her story this way:

At 42 years old, I considered myself a healthy, optimistic woman blessed with three healthy boys, a wonderful husband and devoted friends. I have always been less than average weight, a nonsmoker and have exercised my entire life. But then I noticed that during exertion like biking or running or swimming, that I would get strange symptoms like nausea, turning pale, having shortness of breath. On occasion I would get a tingling down my left arm and left sided shoulder pain. But never once did I consider that I could have heart problems. And then one day, in a blink of an eye my life changed forever.

As it turned out, Kathy had a condition known as vasospasm, or vessel spasm, which is exactly what it says, where the vessels go into spasm and they squeeze down; therefore, not as much blood can get through that vessel because of a contraction of coronary arteries. Coronary arteries are the vessels that feed the heart. The heart needs to get that blood, that nutrient, that oxygen because if there is obstruction of the blood flow going to the heart, the heart muscle does not work, and that is what we call a heart attack.

Kathy went through five procedures where stents were inserted in these vessels. They are almost like a straw. If you can imagine, like a straw the vessel is squished down, and the stent is put in to keep the vessel open so it cannot squeeze down even when it goes into vasospasm.

Then she underwent what is called a coronary artery bypass operation which does require opening the chest and taking a vein from the leg or an artery called internal mammary artery and hooking it on to the heart to bypass those vessels which contract down.

For 8 months, Kathy says she simply could not believe what was happening to her. Remember, 42 years old, optimistic, healthy woman who had been struck by this disease. She was young, she was active at the time, and I quote:

When I had chest pain, I even began to doubt myself and thought that maybe I was going insane.

Happily, Kathy is recovering and getting her life back to normal, and she credits her family, her close friends, her doctor, and the professionals at WomenHeart, which is a national organization devoted to educating, advocating, and supporting women with heart disease. It has been a tough road. There were days she could not even move from room to room in her own house without suffering these crushing, excruciating chest pains. She is getting the treatment she needs and again, in her words:

I am back to being a mother who can take almost anything my kids dish out.

Well, Kathy is one of millions of sufferers and, like Kathy, before the heart attack many women do not even know they have a heart problem. They only find it out when it becomes severe.

As majority leader of the Senate, and as a physician, as one who has spent his professional life studying that human heart and working in programs of prevention as well as treatment of heart disease, I joined with the President of the United States, President Bush, and First Lady Laura Bush, and other congressional leaders to launch what is called the Heart Truth Campaign. It is vital that we raise awareness so women get the treatment they need and that they take the proper precautions so they never have to have that later treatment.

I encourage my fellow Senators to get the word out, to share information among themselves and among their own families, among their own communities and among their constituents back home to participate in educating the public about this very serious health issue.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDING pro tempore. Without objection, it is so ordered.

MIKE O'CALLAGHAN: A TRUE PATRIOT

Mr. DASCHLE. Mr. President, last night just before we closed I noted the absence of our distinguished assistant Democratic leader, Senator REID. He was attending the funeral of one of his closest personal friends. I come to the floor this morning just to talk for a couple of minutes about this remarkable individual.

Of course I am talking about a true American patriot and hero, Michael O'Callaghan. While we all mourn Governor O'Callaghan's passing, I am heartened that we here in this Chamber will continue to feel the impact of this great man through the service of his protege and former student, HARRY REID.

The essence of Governor O'Callaghan's contribution is perhaps best captured by an effort he undertook in Nicaragua in 1996. He was in that war-torn country to observe the elections that would mark its first ever peaceful transition of power between democratically elected presidents.

At 66, Governor O'Callaghan could have asked to observe elections in the nation's capital or its second city, but he insisted on going north to the Honduran border to observe elections among some of the most marginalized people in a country of marginalized people. He had to go there—in a battered truck over rained-out roads—because, he said, these were his people whom he had gotten to know in the 1980s, and he wanted to be there with them as they celebrated the democracy they had earned.

That determination and generosity of spirit marked Governor O'Callaghan's life. He was highly decorated, with the Purple Heart, the Bronze Star with a V for valor, and the Silver Star, in the Korean war, during which he lost a leg.

Aware of that bravery and personal strength, Sargent Shriver reached out to Michael O'Callaghan to make him a point man in President Kennedy's and President Johnson's fight against poverty.

Also aware of that bravery and strength of character, the people of Nevada made him their Governor from 1971 to 1979.

It was HARRY REID's awareness of O'Callaghan's bravery and character that led me, with great pride, to recommend him just last month to serve on the Veterans Benefit Commission.

Governor O'Callaghan died last Friday morning doing what he did each and every morning of his life—attending daily mass before he went to work at the Las Vegas Sun. He also fought for the poor and disenfranchised—from Korea to Nicaragua to Nevada—each and every day of his life.

While we are saddened by the loss of Michael O'Callaghan, we can take comfort in the knowledge that his generosity of spirit, his strength of character, and his devotion to his State and country will not soon be forgotten, and that his values and commitment to public service live on in our colleague and his close friend, HARRY REID.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CHAFFEE). Without objection, it is so ordered.

THE NOMINATION OF DR. MARK McCLELLAN AND THE RE-IMPORTATION OF FDA-APPROVED PRESCRIPTION DRUGS

Mr. DORGAN. Mr. President, we have finished our work on the budget resolution early this morning, I guess at 1:30 or so this morning. One of the last items of business that was conducted by the Senate this morning was the clearing of the nomination of Dr. Mark McClellan. I want to talk, just for a moment, about that issue.

As you know, I had put a hold on his nomination. I want to explain the background of that hold and what happened last evening that allowed me to withdraw my hold on the nomination and allow his confirmation to occur.

First of all, Dr. McClellan is the head of the Food and Drug Administration, and he has been nominated by the President to run the organization that administers the Medicare and Medicaid Programs. It is a very important position. It is an important position that he held as head of the FDA, and the new position is also very important.

We had asked Dr. McClellan for some months to come to the Senate Commerce Committee and testify. The reason we did that is we have a very significant debate in this country, and especially in this Congress, about the subject of the cost of prescription drugs.

We have had an abiding, lengthy debate here in the Congress about the prospect of importing prescription drugs: Medicines from Canada, for example, are the same prescription drugs sold in this country—same pill, put in the same bottle, made by the same company. The only difference is that they are sold for a substantial discount in Canada compared to the price U.S. consumers pay in this country.

The U.S. consumer pays the highest prices in the world for prescription drugs, so many pharmacists and individuals have a desire to import that identical drug for a lesser price from other countries. They do this in Europe all the time. It is called parallel trading. If you are in Spain and want to buy a prescription drug from Germany, you order it. If you are in Italy and want to buy a prescription drug from France, that is not a problem. So the trade in prescription drugs between countries in Europe occurs regularly. The Senate Commerce Committee has heard testimony about it. There are no safety issues.

We have run into a problem because Dr. McClellan as head of the FDA decided to wage an aggressive campaign to try to prevent the re-importation of prescription drugs and to prevent the enactment of legislation in Congress that would allow for the re-importation of prescription drugs. We asked Dr. McClellan to come to the Senate